

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004750**

1. Entity Name

MZ. GOOSE, INC. (SEE DORIS MC IN NEW FILING BEFO

Principal Place of Business

Mailing Address

**10203 S.W. 169 TERRACE
MIAMI FL 33157****10203 S.W. 169 TERRACE
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522787

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAGE, HELEN H
10203 S.W. 169 TERRACE
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GAGE, ALICIA**
STREET ADDRESS **10203 SW 169 TERR**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **FORBES, FRACIS**
STREET ADDRESS **12257 S.W 201 TERR**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PCEO** ☐ Delete
NAME **GAGE, HELEN**
STREET ADDRESS **10203 SW 169 TERR**
CITY-ST-ZIP **MIAMI FL 33157**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BROWN, ELAINE**
STREET ADDRESS **440 N.W. 122 ST**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **WRAY, ABERCROMBIE**
STREET ADDRESS **16115 SW 117 AVE STE 25**
CITY-ST-ZIP **MIAMI FL 33177**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **SIMMS, JACQUELYN**
STREET ADDRESS **11799 BALIES RD**
CITY-ST-ZIP **GOULDS FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (305) 251-2458

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)